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OF THE MEDICAL PROFESSION, AND OF ITS PREPARATION.

An Introductory Lecture read before the Medical Class of Harvard University, Nov. 8, 1845, by Walter Channing, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE professors in turn deliver the Introductory Lecture to the courses given in this school. It becomes in time a matter of some difficulty and thought to settle upon a subject for the annual discourse. I must confess I felt somewhat troubled by my election, or rather present rotation, to this office. But very happily for me, just at the time, an advertisement in one of the daily papers removed that portion of my embarrassment which the choice of a subject involved. The following is the notice referred to.

"A PHYSICIAN

"Whose character, as a man and a practitioner, entitles him to respect and confidence, would, it is believed, find a pleasant and eligible situation, in a delightful country village, within a few miles of the sea-shore, where a vacancy has just occurred (one of the physicians having relinquished practice there). A middle-aged, married man, one who has had experience in his profession, is well read, careful rather than scheming, and of unquestioned integrity, and who can furnish good references, can ascertain further particulars on application at this office."

In this sentence, short as it is, lies wrapped up much for the thought of him who is about to make preparation for medical practice. The world over, the physician in some shape or other is advertised for. There is doubtless a reason for this. In Law and Divinity nothing of the kind prevails. The young clergyman is invited to settle, and the choice is determined by the sectarian views he may hold. The lawyer passes his examination, enters the bar, and takes his office in such place as he may be eligible to by his previous education. But the physician may be advertised for. He reads the advertisement, he asks himself how far his qualifications correspond with the requirements, passes a favorable judgment, and offers for the place. Sometimes, not only his predecessor's patients are in the market. His house and barn and land, his horse and sulky too, are included in the "good will," and so a demand is made upon his pocket as well as upon his mind. I have no information to offer in regard to the results of such demands, and of such supplies. We may infer that there are conveniences in the arrangements, or it is not likely they would be so frequently made. In the notice placed at the head of this

lecture, specific qualifications are given. The physician who would fill such a place must have already filled some other, and have done this very acceptably too, for he must have built up character there. He must have received confidence, too, it may be a large one. The age is prescribed. He must be married. A William Hunter, or a John Haighton, among the foremost men of their age as they were, such men would not have met the demand. He must have vigorous and well-cultivated moral and intellectual powers. He is to be well *read*; italicized; and *careful* rather than *scheming*, of unquestioned *integrity*, and is to bring vouchers for all these things, and some others.

And now for what has this medical paragon done so much for himself and for others in the view of the advertisement? And to what region is he to be *transported*, if he accept the call? I do not use the word *technically*, whither is he to be transported, should he accept the very modest and very flattering invitation? I quote the answer, for the advertisement has one. Where? "A delightful country village, within a few miles of the sea-shore, where a vacancy has recently occurred (one of the physicians having relinquished practice there)." You see there is no assurance whatever that he will ever get a patient in that "delightful village." O, no. He goes there to fight that he may reign. He who has recently "relinquished practice there" may have never had any, but has lived in that wide domain of hope, has enjoyed to satiety that *lucus a non lucendo-ism*, which are the occasional experience of the medical man in other "delightful villages within a few miles of the sea-shore"; and in the crowded city, too, though built upon "the beached verge of the salt flood." At least our *advertisee* will find competitors who it seems have too good a foot-hold voluntarily to quit, and who will hardly leave, simply because somebody else has been invited to enter upon the village practice, and into their own proper labors.

Let me, then, in view of the advertisement which is my subject, speak, First, of the Medical Profession.

Second, of its Preparation.

Let me speak of the Physician—of his office—of his duties—of his social value. He is in the market, let us see what he is worth.

Of the Medical Profession some judgment may be made, out of extra-professional opinions of physicians. Cicero says of them, that in nothing do men so nearly resemble the immortal gods as in giving health to men. In his Life of Dr. Garth, Johnson says, "I believe every man has found in physicians great liberality and dignity of sentiment, very prompt effusions of beneficence, and willingness to exert a lucrative art, where there is no hope of lucre." They were palmy days of the profession when these men lived. In the age of the orator, medicine had not lost its connection with the popular faith. The hospital was a temple in which presided a god. The votive tablet contained the record of the patient's case, and this might be consulted by every body. The religion of the time was the handmaid of medicine, and the physician was held in reverence by the people. And so in some sort was it with him in the time of the British moralist. The medical history of that day shows

that the profession was in great honor. The physician had an important place in society, in the literature and the science of the time. He had public and private duties to perform. He was a minister of the public health as well as a private practitioner. His education, his long apprenticeship in the first place before he could be admitted to the lesser places of the profession, his seven years noviciate in these before he could reach the highest, and then the severe examinations to which he was obliged to submit, before he could enter these—the whole which the age demanded of its public servants established a claim to the public confidence and respect which was generously allowed. And see to what individual excellence and greatness the requirements of the time led, or which they directly produced. When has medicine numbered so many, and such names, among its members as then? When was the profession held in deeper regard? That age has impressed itself upon the succeeding times. The impulse then given to the collateral sciences, as well as to medicine itself, has never ceased to declare itself in the succeeding history. Chemistry, botany, comparative anatomy, have each had a regard, and from the best minds too, which have placed them in the highest ranks of intellectual interests, and much which has been done for each and to all of them in this way, has been done by physicians. We cannot look back to the time more particularly referred to without being struck with its moral and intellectual activity; and do we not come from our study with deep feelings of honor and gratitude that so much was then done for the medical profession, and for the race. We are no longer surprised at the personal respect, too, which medical men received—how much their opinions were valued, and how widely useful they made themselves. Johnson had a special reason for the elevated views he entertained for physicians. He was *the* man of his age. He exercised an extraordinary moral and intellectual power. He received a wide homage. Our profession gave to him its very best care. He had the willing service of its ablest members. I say emphatically willing, and let me add, *free*, too. They literally gave him their time and their best skill. They felt honored as well as happy to minister in all love and honor to the physical infirmities of one who had given his life to his own time, to its truest interests, and whose labors and name they knew were to be the inheritance of ages long to come. Was it not to their great honor that for such a man they so cheerfully worked? I always think of Heberden as most worthy my respect, when I see him without "view to lucre" giving his noble endowments, his large skill, so freely, so cheerfully to such a man! I honor my profession that in its members it has cherished such noble sentiments, has manifested so noble a life.

While thinking of such facts in our professional history, and seeing in them its true character, the civil position of medical men, their relations to the state as showed by the public distinction it bestows on them has occurred to me. In foreign countries, where titles of distinction are given for distinguished public services, upon medical men, and the same is true of the greatest in literature and science, titles of the most inferior rank only are conferred, and as the social position they lead to, involves

no expensive outlays for its support, grants of money or of lands never go with them. The highest rank bestowed by royalty in Great Britain on science and literature, is that of a Baronet. It is often only that of a Knight. On the Continent, it is that of a Baron, in France the lowest, in Germany so low that it is bestowed upon almost every body. I do not refer to this in the spirit of complaint. It certainly touches not us where the distinction is to have no title. But it is quite curious to observe the scale of estimation which prevails where titles are thought to be something. The highest title to which a subject can reach, is accessible to the military man. Nay more, he may be placed quite near to the princes of the blood royal, by the highest patent in the gift of the British constitution. The clergyman may and does become a Lord, a spiritual one indeed, but having quite marvellous physical or political functions. The lawyer too not only may become Lord Chancellor, an *ex officio* title appertaining to a certain judicial position, and service, but how often out of his profession are peers created, transmitting their rank and their power to their families. Seventy peerages have been created from the legal profession. Not only are such orders of the state ennobled, but they get from the power which ennobles them the means to support their high rank, and these means, namely money and lands, cannot be alienated for debt, or by will, but descend too with the title. How different all this with literary and scientific men! Newton, the light of his own age, and of all times, was made Knight only as if in ridicule of his great mission to the world. Davy had a barren sceptre put in his grasp, for he had no son to succeed to his poor nobility. Scott, who filled the world with his mind, and his fame—he who was not behind the chiefest of the apostles of a noble literature—Scott was honored with the meagre hand of a parsimonious royalty, and in the changes of fortune which a trade in mind involved, and into which he felt he was obliged to enter, more than his life half spent, he was left by Crown and nation, to begin life again, and to force his mind to accomplishments by which to pay his debts; which labor at length broke down that which did it, and sent him to his grave. What a noble work was that! How much more than a whole dynasty of kings ordinarily does! Do you not rejoice that it is impossible to reward man for his best works; and that the state which does the most in this regard, does little more than to pay some reverence, do some honor to itself!

A profession is for life. How rarely do men withdraw from a profession? It is not uncommon to find those who have passed middle life or more, in other modes of using the mind or the body, or both—it is not rare to find such men who have made themselves rich, leaving their customary mode of life, and living, as it is called, on their means. Not so with the professional man, especially the physician. He stands steadily by that which in an earlier day stood by him. It has been to him the means of moral and intellectual growth. It has given to him consideration, a fair fame, honorable and honored place among men. It has been to him, too, the means of doing good, much good to others. Men have come to rely upon him. Moral and deep sympathies have

been established. They have passed from the parent to the child. They have been the legacies, the transmitted memories of generations, and have bound hearts and minds together by ties which infirmity or death only can sunder. My observation of medical men extends to nearly forty years. I do not know an instance of a man whose whole character and position have been the products of this profession who has left his post. I was a member of a committee who went to Salem to invite the late Dr. Holyoke to meet his professional brethren of the State on his hundredth birth day, that they might pay to him personally the tribute of their large honor for his professional excellence—their deep reverence for his unspotted life—their love of such child-like simplicity, such surpassing moral beauty as were his. We found him in his study reading. The work was a volume of the Transactions of the Royal Society of England. He received us with the gentle courtesy of an earlier age. He accepted the invitation, hardly thinking it worth while for one man, and he so old, to give so many so much trouble; but expressing himself as much gratified by what had been so kindly offered. I said to him that we had interrupted his reading, and asked him what work it was which was so much interesting him. I shall never forget his answer. He named the work and went on. "O sir," said he, "my memory holds so little of what I now read, and that for so short a time, that books of this day are constantly new to me. Scott's stories are always new." But of early study and thought his mind retained most vivid impressions. What, however, is most relative to my present point is this. Dr. Holyoke still belonged to his profession, and after his 100th year made a consultation visit with a friend from whom I had the anecdote. I once said to Dr. Holbrook, of Milton, then an old man, "Well, sir, I find you still at work." "O yes," said he, "I have been in the fills fifty years, and shall never get out of them."

Now look where you will, this is the universal language of the profession. Look abroad. Did Dupuytren, did Cooper, Sir Astley, did any of the great lights of their own day, and which are to illuminate all succeeding times, did they withdraw that light when it was most brilliant, and put under a bushel what was for the illumination not only of their own house, but of the world? No. They were, without a metaphor, cities set on hills, which could not be hid. They were of immense wealth. They had fame enough and to spare. But they worked on. They were unto death true to that profession under whose generous influences they had become great. Nothing could win them from that great and early love. Come home, and the same truth is told. Men here, too, give to their profession, and to their age, their time and their mind. Johnson said, a man, an old man especially, should keep his friendships in repair. A professional man does this without an effort. His works follow him in his whole career, however long, and honor him in his whole course. I have heard physicians, and those of much eminence too, say, that after such an age, or under such and such circumstances, they would retire from business. And an effort to do so has been sometimes made. But a lingering look has been cast behind. The story of the tallow chandler

has been repeated in them. He had retired from business with a large fortune, but he had made his successor promise to send for him every "melting day." He could not deny to himself the exquisite pleasure which that day for so many years had given him, and from which all men out of his profession would have shrunk with disgust. The physician does not forget "melting days."

But a profession is not only *for life*. It is *a life*. This is a fact in its history which should be brought with most distinctness before his mind who thinks whether or no he will enter upon its study, or has already done so. What do I mean when I say a profession is a life? What is a man? Terrence sees in him the incarnation of humanity. *Homo sum nihil humani a me alienum puto*. This should be the physician's motto. Man to him is the embodiment of the moral nature, with the underlying reason, the living conscience, and the directing will. He sees in him too the intellect, the understanding power, by which facts and relations are known, whose province is science in the widest acceptance of the word—which sees in man a creator, the poet, one who pretends to solve the problem of the material universe, and enters into the deeper mysteries of the spiritual being. Now look on man as we may, in the study and application of a profession his whole nature is in constant requisition. Everything to the physician has regard to his calling. And what his profession makes him re-acts upon everything else. Medicine in its immediate use applies to the individual. It is that man, that woman, that child, to whom it offers its daily aid, and for whose particular well being it hourly seeks to provide. But besides this individual office, it is no less directly concerned for and with masses of men, communities, society. The public health is its care, and so is the prolongation of life. It looks into, nay it inquires deeply into that or those things which reach in their morbid influences to the masses of men. The sanitary condition of populous districts is its care. Governments come to it for light, and for help, when the pestilence is upon the people, and cities are wasted, and whole nations are well nigh made desolate. Not only is the physical the domain of medicine. It takes care of the mind. It studies what there is in social and political institutions which reaches to and checks the growth of man's highest nature. All questions of morals, of religion, of politics belong to it. It looks at labor, the noblest fact declared by human energy, medicine looks at labor, man's work, and studies how it shall best conduce to moral and intellectual progress—when it begins to check this, and what are all its agencies in regard to physical health. Look at the late reports in England respecting labor in all its details, reports made to committees of Parliament under the solemn sanction of oaths, and learn what are the bearings of our profession upon the most important social and political interests. So too does medicine study what is poverty, its causes, its whole effects upon man and upon society, and declares its discoveries for the benefit of the people. How much has it done in one of its departments for agriculture? In our own day, chemistry, the peculiar study of the physician, is revolutionizing this widest field of human industry, and bringing into every-day operation

principles which shall be for the highest benefit of nations. It were easy to extend the inquiry and to show how comprehensive is medicine, how truly is a profession a life.

I had just closed this paragraph when I met with the following illustration of the sometimes silent but constant agency of medical inquiry in benefiting communities. In England, opposite Liverpool, a new and great city is in rapid progress. Ten years ago it contained 15,000 people, in ten more it will have 100,000. I copy a paragraph or two which bears upon my proposition. "We feel the greatest pleasure in stating," says the writer, "that, following the improved sanitary views of the last few years, they have made it one of their first cares to establish a 'park,' meaning thereby an open piece of ornamented ground for the future inhabitants of the city." * * * "The space to be operated on was 160 acres. Sixty being set apart for building purposes, there remain 120 to be laid out in shrubberies, walks, and drives, for the enjoyment of the public forever." Says the writer, "We were delighted with what we saw here; but the satisfaction of the eye is nothing in such a case; the point really to be rejoiced in is that the ideas of men are now so far advanced with respect to the essentials of public health and conveniency, that, in preparing a new city, a park for the use of the inhabitants should have been among the first things provided for." In this same city houses for the working classes are in preparation, each having three rooms, gas and water, for £5 or about \$25 a year. Burying grounds are to be out of the city; as are slaughter houses. Everything shows in the building of this new, this pattern city, how rapid has been the progress of our profession in most important directions, preventions of disease—so making itself less and less important in the popular regard, by its wisest applications.

I know that much that has now been said may meet objections. We are told that he who devotes himself to many interests will never have wide success in any. A professional man must stick to his profession. *Ne sutor ultra crepidam*, &c. There is truth in this, but not all truth. No profession is one study. Medicine of all others is not. It admits of, nay it demands almost an infinite variety of mental activity. Look at its lights, its great and honored men, and see how in their lives they illustrated the quotation from Terrence. Haller, a high priest in the vast temple of science, was hardly less distinguished for his physiological works, than for his moral, and literary, and philanthropic labors. Hartley was a physician, and who has done more to solve that deepest mystery, the nature of man. I remember being much struck with an illustration of the doctrine now under notice, in the case of Dr. Brown, of Edinburgh, the successor of Dugald Stewart in the chair of ethical and intellectual philosophy in the University. I saw him as the daily practitioner of medicine, as faithful to its duties as if he had never done anything else. And look at that other, of the same name, Sir Thomas Browne, who left us a work on the Religion of the profession, which placed him among the chiefest writers of the Augustan age of English literature. I might easily multiply instances. I was once speaking upon this subject, for it has long occupied my thoughts—I was speaking concerning it with a

professional, a medical man for whom I have sincere regard, and who is not without the public confidence. He thought a physician should be nothing but a medical practitioner, a daily visiter of the sick. "My party," said he, "settles the question for me of politics and the candidates for my vote. My clergyman does the same thing for my religion. I do nothing but practise, and my sole thought is how that may be best done." Now if there be radical comprehensiveness, here is an instance of radical exclusiveness. What is the natural, I do not say necessary, tendency, of such views of professional duty, or life? Is it not daily to contract more and more the sphere of intellectual vision, until nothing will be seen that is not in nearest proximity to the mind, until practical professional life falls into that melancholy routine which looks for nothing better, since it can tolerate no change?

I have sometimes thought that the want of intellectual activity, noticed by some, in men of mechanical occupations, might be explained by their devotion to some one mechanic art. How little occasion for thought, how little for conversation, in the every-day pursuit of some one labor. Perfection is soon reached. The education is completed when the apprenticeship is over, and then, for life, what demand on the individual remains but a certain amount of physical power put forth in the same direction, with a settled amount of intellectual effort, and a volition so slight as scarcely to be noticed. If we look for exceptions, such as are furnished by such men as James Brindley, James Ferguson, and James Watt, we find even these men devoted to the business or trade with which they began life—Watt developing the powers of steam, Ferguson making important discoveries in mechanics, and Brindley doing the same thing in regard to the mechanical uses of water. And finally, we meet with these very persons taking their honored place in history along with that noble army of self-taught men who fill the chapter entitled the "Pursuit of Knowledge under Difficulties."

Sometimes the profession has been regarded as a luxury, and fashion even has not unfrequently settled the question of individual reputation. Said Lady B. to Lord B. one morning, "the nurse tells me that the infant has had a bad night, and refuses the breast." "Send then for Sir H. H. my dear. By the way, A, B, C, D, E, and F, will dine with me to-day. Tell Thomas to be sure to get a salmon. The Doctor likes salmon, ask him." "But, my dear, suppose there is a division to-night, and a call of the House, what can I do with this dinner party, and a child so ill?" "Why Sir H. H. will be here, and so the child is cared for, you know, and then, I will put him in my place at the table, and if they go when I am called, why I save my champagne, you know." Here is the luxury of the profession. In itself how important is its office, for it takes all the responsibility; and for collateral capital, at a pinch, how much may not be made out of it. But it was called fashionable, or it was said that the physician may be amenable to this power in society. Abroad this is quite remarkable. By or through fashion, men of not remarkable powers or attainments, at least men who have done comparatively but little to promote the true progress of medicine, reach to the highest present

fame, and distance all their competitors. The extremes of manner, of address, of personal antagonisms, have determined the question of celebrity. Sometimes a coarse exterior and very rough manner have carried the point, while at others, the opposite have been in the ascendant, or what is more curious, men have lived at the same time and in the same city, as opposite to each other as possible, who have just divided the great or fashionable world between them, leaving their contemporaries to stare at such similarity of effect, from such diverse causes. I could give illustrations of this in the earlier medical history. They belong, too, to our own day. A London physician has lately died who belonged to the class of high manners and high fashion, and, said one of his patients in a most extraordinary and extravagant expression of regard for him, I would have sooner died under the treatment of Sir Harry, than to have recovered in any other medical man's hands. There is at this moment a practitioner in London, not known hardly as having done anything for medical science, or literature, who has been for some time, and still is, at the very head of his profession, filled as it is with most distinguished men, and who has a business so crowded as hardly to leave him breathing time. Turn from this to such men as Sir Charles Bell, knighted as he was, as a reward for his noble works for his calling, but who died a pauper, living on public charity, and whose family would now be beggared by its discontinuance. Was not C. Bell a faithful cultivator of a field worthy such culture? Did not his earlier works on Anatomy and Surgery, and his great and distinguishing one on the Nervous System, lying as it does at the very foundation of a true pathology—did not his splendid work on the Anatomy of Expression, and that greater one the Bridgewater Treatise—did not, I ask, all these, and other unnamed works, speak daily to the fidelity of Charles Bell to his profession, and claim for him so much of public favor as would have saved him from the pension list? There are causes behind, and which lie deeper than the fidelity adverted to—than the large endowment, and its laborious cultivation—there are causes besides these which often do much to determine present professional success. I would inquire for these, were I sure of getting an answer that would avail the student anything. They are doubtless in the man, quite as strongly marked as in the society in which he lives. He may be wholly unconscious of their possession, and wonder at his own success. They may be such as another might imitate, could he discover them. They may be such as men should, and true men would shrink from; as from moral pollution!

[To be continued.]

DR. ELLSWORTH'S PRIZE ESSAY ON SCARLET FEVER.

[Continued from page 297.]

ANOTHER remedy I have used some of late, is the *iodide of potassium*, but am not fully satisfied where it is best indicated. It was first suggested in the *London Lancet*. The first case in which I used it was that of a negro child, and so speedy was the recovery that I hoped an important

discovery had been made. But it is a most singular fact that the negro population, of the North at least, are but little susceptible of this disease, and when they do have it, it is very light. Although there is a large negro population in this district, I can recall to mind but two cases of its occurrence, and no death among them. The statistics of the city of New York show that they have a comparative immunity, the proportion when compared with the amount of population being immeasurably against the whites. Since that time I have not been as well satisfied as to its efficacy: it has generally been given for the purpose of developing the rash when this has been too tardy. Iodine certainly possesses considerable power of stimulating the skin; a patient now under my care, always, upon taking iodine, breaks out with small pustules upon the face in a day or two after commencing it. It also operates powerfully on the kidneys; one of my scarlet fever cases passing water ten times in one day, each time the urine being large in quantity and very clear. One of our physicians has found benefit from it where there is a sort of chronic enlargement of the tonsils and glands of the neck, in the second stages of the disease.

I believe sweet spirits of nitre acts quite as much through the kidneys, as in any other manner, in removing febrile action: it is a mild, safe, and somewhat useful article in this disease; it is the only remedy which need be used in many cases, particularly when sporadic.

Opium I have tried in various combinations, and as a general thing do not like its effects. A physician, living not many miles distant, tells me that he has found the worst cases of coma in scarlatina yield to its free exhibition. This is bold practice, and although not deterred from its use by fear of inflammation, I should prefer to see its results before recommending it to others. In small doses it does not seem to quiet irritation or produce refreshing sleep.

Capsicum is unquestionably one of the most important remedies in the management of this disease; an article whose general use now, illustrates the illusory views formerly entertained by pathologists respecting the nature of inflammation. For a period I was entirely opposed to its use in all such diseases, from this mistaken view; but experimenting upon myself and seeing its utility, I have since freely employed it, and with increasing confidence. It is one of the best applications to the throat, particularly before ulceration. We are indebted to Dr. Stephens for its introduction into practice; he was in the habit of using it internally as well as by way of gargle. We have restricted ourselves too much to its local use; as a general remedy we should find it still more beneficial. The method I adopt is, to make an infusion as strong as the patient can swallow, either alone, or with salt and vinegar, as recommended by Stephens; this last is, however, too fiery for infants as a general thing. Gargling is an extremely unsatisfactory way of applying it to the throat, as little or none passes behind the palatine arches, which close down against the root of the tongue, allowing only a little passage of air. If the fluid passed behind these it would run down the œsophagus, notwithstanding the upward current; even the tonsils are not bathed. It should

be used with a swab, or half a teaspoonful, very strong, occasionally swallowed. This, distributing itself over the upper part of the throat and œsophagus, does not enter the stomach and excite nausea as a larger draught might do, when taken thus strong. There will be found a vast difference between this method and the gargle, and I earnestly recommend its trial. In mild cases of fever this strong infusion is not needed; in very severe ones it will not be felt unless given hot and with spirit. Pepper acts rather upon the stomach as a local stimulant, and directly or indirectly upon the nerves of animal and organic life, but principally, I think, upon the latter; its general effects being infinitely less than its local, and it is totally different from brandy in its operation. The pulse is but little quickened, becomes fuller, and when very rapid frequently slower; in rousing the system in its torpid state it is invaluable. In the administration of the lobelia emetic, which by itself sometimes produces extreme prostration, the Thomsonians combine capsicum, which prevents that effect by invigorating the stomach. A poet has said, "fools rush blindly in where angels fear to tread." Now I don't mean that all empirics are fools, or all doctors angels, but that the experiments which have been tried for us by persons knowing, many of them, but little of physiology, and governed by mere theoretic principles, some of which have not the slightest foundation in fact, have shown the medical profession that stimulating, particularly with capsicum, is not as hazardous as has been generally supposed, especially in this disease.

When the fever has run on a few days, and there is great restlessness, wandering of mind, frequent small pulse, we shall find the following mixture extremely useful. R. Carb. ammon., ʒj.; g. camph., ʒj.; g. acac., ʒj.; aq., Oss. To a child of 10 years a tablespoonful may be given, *pro re nata*. Ammonia has been thought to control this fever specifically; it does it only as a local and general stimulant. Ammonia, at least the acetate, has been found to facilitate the progress of the blood through the capillaries. The acetate, in combination with syrup lemons and dulc. sp. nitre, has long been a favorite with me.

The following, called the chlorine mixture, has been highly praised. R. Chlo. potass., ʒij.; dissolve in ʒij. hydro-chlo. acid, dilute with ʒij. aq. dist., put in a stoppered bottle and keep in a dark place. When used, put ʒij. in Oj. of distilled water; the dose is from one to two tablespoonfuls. This I have not used. It is intended to act chemically on the blood, and is adapted particularly to typhoid states of the system. Several of my friends, who have used it, are hardly able to tell its effects; we may suppose, then, it is not decidedly beneficial.

It is necessary to remark upon the most troublesome of all the affections, the *sore throat*. The reason has been given why the throat should be so generally attacked; now, how is it cured? A strong liniment, or turpentine, is applied to the throat on flannel, and there retained as long as necessary to produce redness. Stephens's pepper tea is given as described above, from the very commencement of the disease, or as soon as redness is seen in the throat. If the patient is an infant, a little is poured into its mouth from a spoon, and when the fauces are particu-

larly swollen it should be thoroughly applied with a swab; the gagging of the child causes its more effectual application. If the child will open its mouth, powdered burnt alum is sometimes thrown in, or a swab dampened may be dipped in it and freely applied to the tonsils; either of these methods will almost always be sufficient. But if ulceration occurs, a strong solution of nitrate of silver should be substituted. There is little danger of its being too strong. I generally use from six to twelve grains to $\mathfrak{z}\text{ j. aq.}$; in bad cases twenty would do better. Elliotson highly praises $\text{sol. chlo. sodæ, } \mathfrak{z}\text{ j. to Oss. aq.}$ I have rarely used it, preferring the remedies above mentioned. The fact is, the throat, though but an index of the state of the system, has such connection, that if disease here is controlled, we shall stand a better or rather a good chance of saving the patient. When it is very sore, and attended by acrid discharge from the nostrils and sordes on the teeth, we shall be pretty certain to find, sooner or later, cerebral symptoms, and we must especially regard this complication.

Many cases will be relieved by the application of leeches behind the angle of the jaws; but they must be used with discretion, and the flow of blood stopped if there is increasing rapidity of pulse, sense of faintness or coldness. Poultices are always advisable, and should be applied from ear to ear after the rubefacient, and they may be depended upon to give much relief; bread and milk may be used, and not a bad one is that which the Irish like, made of boiled potatoes mashed, and applied warm, as it retains heat and moisture a great while from its closeness of texture, being in this respect much superior to wheat. There is another singular application which has obtained considerable reputation in the neighborhood of Boston, namely, a poultice of oakum and spirit. It is said there is no danger of external abscesses on the neck when this is used. From its nature it appears to me that it may be useful, as besides the soothing effects of warmth and moisture, the exclusion of air, &c., we have the stimulating influence of the turpentine, making an application not unlike what Mott so strongly advises for bruises and sprains, warm vinegar and wormwood. I have often seen the patients in one of our large almshouses using oakum as a discutient.

With these remedies I believe we shall be able to accomplish all that can be done by local means. The general state must at the same time be carefully regarded, and we shall be enabled to control any inflammation likely to develop itself. A proper order in their use is requisite, for sometimes all the rest fail unless a little blood is taken first by leeches. When the nares are so obstructed by swelling that air passes through with great difficulty, and a snuffling sound accompanies every breath from copious effusion from the membrane of acrid fluid, the same treatment is necessary; but in addition, some of the washes, particularly the silver, should be thrown up with a syringe, using only a very little if the infant is young. I have seen such bad effects from blisters, that I am disinclined to their application on very young infants. Dr. Woodruff, of New Britain, who passed through a very severe and destructive epidemic a year since, told me he found, under such circumstances, a mixture of tinct.

myrrh and carb. potass., taken internally, of signal efficacy; the mixture was made as strong as possible. It is probably a useful remedy, stimulating both the throat and whole alimentary canal, the mucous membrane of the lungs also, the potass. acting on the secretions of the bowels and kidneys, and correcting the acid state of fluids present.

Sometimes, after the disease has progressed mildly, the throat will swell a second time, or if it has not before, will now become so, and an intense fever arise or the patient sink in collapse. This seems a secondary fever, a little like the secondary fever of smallpox. These cases do not require a tonic treatment, as might be supposed from the stage and time of attack, and even bear general and local depletion better than at an earlier period. Colchicum will here be found very useful. Diffusible stimuli may be required if the patient is really weakened by the progress of the disease, or any other debilitating cause, except the direct action of the poison on the system, in which latter case the acrid stimuli will be found superior. Diffusible stimuli, given without judgment, are perhaps almost as injurious as injudicious depletion; the acrids are not capable of equally bad effects under similar circumstances. As a general rule, the typhoid state is to be managed much as the same condition in common fever.

Suppuration of the tonsils and glands behind the jaw, not unfrequently give rise to most troublesome and even dangerous consequences. The following case fell into the hands of Dr. Woodruff, of New Britain. An abscess had opened behind the jaw. One day Dr. W. had nearly reached the house of his patient, when the mother of the child cried for him to hasten, as the patient was bleeding to death. He ran in and found a torrent of blood pouring out in rapid jets from the opening. Without delay he plunged in his fingers to the bottom of the wound and compressed the artery. Having no other styptic at hand, he seized a bottle of creosote, dipped a large piece of cotton into it, without regard to quantity, supposing the child must die at any rate, slipped the cotton under the finger, then gradually introduced one and another morsel until the cavity was completely filled. He proposed then to the father to send to the city and get some one to tie the carotid, but the father opposed, saying the child must die at any rate, and might as well die as it was, as cut to pieces; a true Irish sentiment (he was an Irishman). Dr. W. then told the man to keep his finger on for twelve hours, and not remove it until his return; at the end of this time he allowed him to ease up, and as no blood appeared, to take it off. Next day, for some reason or other, Dr. W. removed the plugs entirely, yet there was no more bleeding, but the carotid (external), eaten completely off, stuck up in the bottom of the wound with open calibre. The child recovered, and extremely slight pulsation can be detected in the temporal and facial arteries of that side, although a year has elapsed. This case proves the great styptic power of creosote, and also that as a remedy it is less dangerous than has been supposed, for Dr. W. put in a very considerable part of a teaspoonful. Dr. Welch, of Wethersfield, lost a case from ulceration of one of the jugulars; the case was the more remarkable, as it was

from a second attack of scarlatina. Other similar cases are frequently seen reported in the medical journals. These terrible accidents are, however, comparatively rare, considering the frequency of abscesses and their deep situation. When suppuration occurs, it is to be treated on general principles; the great point being to prevent its taking place, a thing generally accomplished by the treatment recommended above. When these swellings become indurated, iodine internally and externally will be very useful, particularly the iodide of potassium.

[The conclusion is unavoidably deferred till next week.]

THE BI-LATERAL OPERATION IN LITHOTOMY.—OSTEO-SARCOMA.

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—I was gratified with the opinion given some while since in Dr. Hays's Journal, by that eminent surgeon, Dr. J. C. Warren, of your city, in favor of the *bi-lateral* operation in lithotomy, and the statement that he had practised it much to his satisfaction in the two cases in which he had tried it.

Within the last fifteen months I have operated in this method upon five patients, all of whom recovered speedily. The last, a gentleman of 38 years of age, was able to leave, by boat, for his home, 150 miles distant, on the 19th day after the operation.

With a scalpel rather narrow, I make the superficial incision crescentic, with its convexity anterior, and cut upon the staff at the usual place, the membranous part of the urethra. I then pass a straight, probe-pointed, narrow bistoury, its edge turned towards the left side, along the groove of the staff into the bladder, and slide the point of the left fore-finger upon the back of the bistoury, pressing it upon the prostate to cause a division of that body sufficient to admit the extremity of the finger into the bladder; the staff is then withdrawn, by an assistant, and the prostate further divided if necessary. The finger is then rotated, so as to bring the palmar surface of its point to rest upon the right side of the prostatic portion of the urethra; next the bistoury is turned, and the right side of the prostate divided, *ad libitum*, under the guidance of the finger. The stone is then extracted; if small, with the scoop—if large, with the forceps.

This mode of making the section of the prostate is to be preferred to that which is done by Dupuytren's double-bladed, concealed bistoury, as the blades of that instrument are so slender as to yield considerably, making a section of the parts less in extent than the distance between the edges of the blades when projected from their grooves, and still narrower if a little dull than when sharp. If, previously to the operation, a satisfactory estimate of the size of the stone has been gained, the deep section of the parts with the straight, probe-pointed bistoury, guided by the finger, may be made in conformity with that estimate. When a large stone, in being extracted, hangs in the prostatic or muscular opening, the latter of which is probably the most common, a

narrow, straight, sharp-pointed bistoury may be carried along each blade of the forceps in succession, and the tension relieved. I am in the habit of leaving a piece of elastic gum catheter in the wound for two days, to give a sure outlet to the urine.

The bi-lateral operation for stone has an advantage over the lateral in giving greater security against injury to the rectum and the pudic arteries; and in exposing not at all the vesicular seminales and the plexus of veins at the neck of the bladder, as the lateral does, when the deep-seated section of the parts is made to correspond in direction with the superficial incision. On the whole, I regard this operation as far more safe than any other operation in lithotomy which has yet been invented.

In a case of osteo-sarcoma of the lower jaw, I have recently removed more than one half of that bone, and disarticulated it without dividing the duct of Steno or the facial nerve. By leaving these parts untouched, the risk of a salivary fistula was avoided and the symmetry of the face preserved—objects of some importance to the patient, a young lady, whose beauty, which had been often spoken of, was but little impaired by the operation. The wound was *entirely* healed in two weeks.

In a case of osteo-sarcoma of the os humeri and the scapula, I removed, in July, the arm and the entire shoulder-blade, with the acromial half of the collar-bone. The patient, a man 36 years old, left for his home in two and a half weeks with the wound healed, except that two ligatures upon arteries remained. This patient has lately written me that he enjoys fine health, better than he has had for several years. The disease commenced more than three years ago, and at the time of the operation presented, just below the shoulder-joint, a tumor about twenty inches in circumference.

Yours truly,

Cincinnati, Ohio, Oct. 17th, 1845.

R. D. MUSSEY.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 19, 1845.

NEW MEDICAL WORKS.

Manual of Auscultation and Percussion.—Notwithstanding the multiplication of these guides in practice, they are none too numerous. If the simple rules laid down in this or any other similar production enable us to prescribe with certainty, from a knowledge of the real condition of interior organs obtained by auscultation and percussion, the achievement is one that should interest all intelligent practitioners. The Parisian physicians are accurate observers of the diseases of the chest—and by them auscultation has been reduced to an accurate science. The little work to which these observations have particular reference, is of French origin, being, as the preface declares, a *Resumé* of the second edition of Barth and Roger's treatise, with the addition of a new series of remarks on percussion. The translator, Dr. Francis G. Smith, of Philadelphia, has incorporated such additional matter as he thought might enhance the value of the

whole. Auscultation is explained, general rules are laid down, and each sound that the ear recognizes, in exploring the thorax, is completely illustrated. Published by Lindsay & Blakiston, Philadelphia.

Manual of Diseases of the Skin.—Every one conversant with the numerous forms of disease to which the skin is incident, will appreciate a book that explains the true character of each form, and especially so, if the means of cure are also indicated. Messrs. Langley, of New York, have brought out a small treatise, well known in the French language, written by MM. Cazenave and Schedel, to which notes and additions were prefixed by Thomas H. Burgess, M.D., in England, and now revised and corrected, with additional notes, by H. D. Bulkley, M.D., a reputable lecturer on maladies of the skin in New York. Thus much for the origin of the Manual. Its very compactness is a strong recommendation, since it costs but a trifle, and therefore is perfectly within the means of all who are ambitious to prescribe understandingly in this perplexing field of practice. It is worth recollecting, in regard to the bibliography of this department of practical medicine, that some of the most costly works known to the profession, are in reality of no more value in aiding to a successful result, than this unpretending manual.

Animal Chemistry.—An important subject, and one requiring the highest order of intellect to treat with that faithfulness to which all must acknowledge it is eminently entitled. Dr. J. F. Simon, of Berlin, a man eminent in the science, is the author of a work entitled "Animal Chemistry with reference to the Physiology and Pathology of Man." A translation was made in England by Geo. E. Day, of the Royal College of Physicians, and Part I. has been re-published at Philadelphia by Messrs. Lea & Blanchard. It is apparently a book of a high order, addressing itself to men of enlarged views. A vast catalogue of topics are discussed. In that division which embraces the circulating fluids, the learning, patience and profound attainments of the author are exhibited. Whenever the second Part appears, we shall resume our observations, and endeavor to do the whole that justice which it should receive from all.

Anatomical Remembrancer.—One of the handiest pocket conveniences imaginable, for a medical student, while attending lectures, is a little work called the Anatomical Remembrancer, not much larger than a rich man's wallet. It contains a concise description of the bones, ligaments, muscles, viscera—the distribution of the nerves, bloodvessels, absorbents, &c. This is the first American edition, published by S. S. & W. Wood, New York. By carrying one of them in the cuff of a coat sleeve, the wearer, without much effort, by consulting it often, would soon become quite familiar with many difficult points in anatomy.

Urinary Deposits.—There was a period when those who pretended to form a judgment in regard to the diseased action of the body or any of its individual organs, from an inspection or analysis of the urine, were the laughing stock of the faculty. At this time, however, urinary deposits, their diagnosis, pathology and therapeutical indications, are recognized as being worthy of careful observation; and, in fact, it is impossible to keep pace with the onward advancement of practical medicine, without studying this sure, but much-neglected, or rather over-looked, method of investigation. Men of the right qualifications have reduced the signs of incipient disease almost to a certainty, by examining into the chemical character of some of the urinary deposits. A neatly-printed, methodical

book, on this subject, by Dr Golding Bird, a well-received lecturer at Guy's Hospital, recently published, is divided into eleven chapters, in which are embraced all possible points that can interest the practitioner.

This, as well as the works above mentioned, may be found at Ticknor & Co.'s, Washington, corner of School street, where medical gentlemen can well be accommodated from the large and choice variety of medical and surgical books on sale.

A Complete Treatise on Venereal Disease.—A copy of the most elegantly-illustrated work on the venereal disease, which has ever been published in this country, was received from New York last week. It was written by William Acton, of the Venereal Hospital, Paris, with additions and colored plates, and is from the press of J. R. Redfield. A synopsis of the contents, with observations upon the merits of the treatise, will appear as soon as it has been thoroughly examined.

Compound Catheters.—Instead of the long silver male catheters, of the olden time, in shape the worst things imaginable to pack away in one's pocket, they are now very generally made in two pieces—the shaft being separated in the middle by a lock clasp, so there is no danger of being separated while in the urethra. By sliding on another fashioned portion, it is at once converted into a female catheter; or, by undergoing a further modification, becomes something else, quite convenient in manual surgery.

Manufacture of Salt, Lard and Oil.—Among other matters of interest alluded to in the Annual Patent Office Report, in the department immediately under the eye of Dr. Paige, notice is taken of an important improvement in making common salt, for which a patent has been granted. It consists in heating the brine at the surface instead of the bottom of the boiler.

Dr. Paige, who is a close observer, notices an ingenious improvement, also, in the preparation of lard oil, for which the inventor has taken out letters patent. Solid tissues, containing fat, are subjected to pressure, before trying out. Both lard and oil produced in this way are sweeter and purer, and will keep much better under any modification of climate.

A foreign patent has secured to its possessor an ingenious way of purifying oils, by passing air through the mass when in a heated condition. For soaps, particularly, it appears to be a valuable improvement.

Leprosy in China.—Cutaneous affections, says Mr. Peters, are very common amongst the Chinese, who appear to be ignorant of the efficacy of sulphur or other simple remedies. The most pitiable objects are those affected with leprosy, which they consider both contagious and incurable. When a person is discovered to have this disease, he is at once abandoned by his friends and relatives. In the south-western provinces that loathsome malady appears to be most severe in character, owing, it is conjectured, to the humidity of the atmosphere. A government leazar house exists in Canton, especially for the reception of lepers. Still, it would appear that the poorest and most wretched, who need public assistance most, are permitted to roam through the city unmolested, and uncared for by the city authorities, the pest of people in the streets, and a perpetual annoyance to shop-keepers.

Tying the Subclavian Artery within the Scaleni Muscles.—From the Surgical Reporter, we learn that on the 14th of October, Dr. J. K. Rodgers, of New York, performed the extraordinary operation of tying the subclavian artery of the left side, within the scaleni muscles, in presence of many distinguished medical gentlemen and students. The editor says that "the operation on the left side is considered by most of our distinguished surgeons of the present day, as being unjustifiable and unwarrantable, owing to the importance of its anatomical relations." Four times the artery has been tied by Dr. Mott, of that city, just without the scaleni muscles, successfully. In Dr. Rodgers's case, the patient did remarkably well till the 26th of the month, when secondary hemorrhage ensued, which could not be arrested, and the patient died on the 28th, being the fourteenth day after the operation.

Stockton's Dental Intelligencer.—On examination of the first No. of the second volume, published at Philadelphia, Nov. 1, a great improvement over the first series is discovered. The form, mechanical arrangement of the pages, and the character of the matter, are essentially superior to those of the last year, and the work would be of constant value to any operative dentist. Each No. contains twenty-four pages duodecimo, published monthly at one dollar only a year.

Surgical Cutlery.—Mr. Burnett, Tremont Row, in this city, has recently received another invoice of French surgical instruments, of very beautiful workmanship. Notwithstanding the fact that foreign instruments are exceedingly elegant, especially those from the Paris manufacturing houses, there are, perhaps, none of them which cannot be made equally well in Boston. No cutting instruments can have a finer edge or a higher finish than can be given to such as are manufactured in this city. We have such a predominant love of country, that any encouragement given to native artisans is considered in the light of a direct favor, since it shows how perfectly independent it is possible for us to be of all European cutlers, in respect to surgical apparatus.

Sal Aeratus.—For a long time, an economical method of manufacturing this important article in house-keeping, was to suspend the carbonate of potassa over tubs containing fermenting liquors, in distilleries and breweries. The carbonic acid gas, in combining with the carbonate, changed it into what is commonly known as sal aeratus, or super-carbonate of potassa. It is now proposed, since the old system seems to have been generally abandoned, to impregnate the salt by the carbonic acid from an anthracite coal fire.

A Case of Compression of the Brain.—C. S. Browning, æt. 37—proprietor of the Beacon Race Course, just back of Hoboken, N. J., was thrown from his horse at a hurdle race, on the 5th inst., when leaping the bars—he struck on his head, and was taken up insensible. A physician was immediately sent for, who in accordance with the popular opinion of the non-professional, bled him directly, without waiting for re-action to come

on. We did not learn what other treatment was practised; and although we are exceedingly slow to condemn the practice of a professional brother, we must say that we are not a little surprised, to see any one in this enlightened age of surgery, put in practice the absurd and ancient custom of blood-letting, in either concussion or compression, before re-action is established. We are aware that the medical attendant is frequently blamed, and even abused by the rabble, if he does not use the lancet at first in such accidents; but he should know his duty too well, to have his mind swerved in the least by popular notions. Stimulants should be used to bring on re-action. In the case of Mr. Browning, re-action did not come on at all, but he remained insensible from the first until he died.

Dr. Mott was sent for very early the next morning after the accident, and performed the operation of trephining, at the anterior inferior angle of the parietal bone. He used the small-sized instrument, and as soon as it cut through the bone on one side, the blood gushed out, and continued to ooze until Dr. M. left, although he did not rally.

There was no fracture of the skull, but considerable blood effused about the base of the brain. The operation was performed with a view of relieving the brain of the extravasated blood, presuming that the middle meningeal artery was wounded. The patient died in a few hours after the operation, being nearly moribund when Dr. Mott arrived.—*New York Medical and Surgical Reporter*.

Cement for the Teeth.—In consequence of the imperfection of the plans proposed by the different dentists to fill the cavities of decayed teeth, M. Ostermaur recommends the following composition with some confidence. It closely resembles, both in solidity and whiteness, the natural enamel. It is composed of thirteen parts of caustic lime and twelve parts of anhydrous phosphoric acid. The lime ought to be chemically pure and finely pulverized, and the phosphoric acid should be obtained from the combustion of dry air. The two substances must be quickly mixed, when a white powder, becoming moist during the process, results. The hollow of the tooth, having been previously dried with wadding, should be filled with this powder; and the surface levelled, smoothed and then moistened with a little water.—*Gazette Medicale*.

African Pestilence.—A steam sloop, the *Eclair*, and another called the *Growler*, both from the coast of Africa, have brought with them the seeds of a pestilence that has germinated since their arrival in England, to the no small alarm of the civil authorities at the east end of London, lest the fatal disease should be propagated on shore.

MARRIED.—At Randolph, Mass., Dr. Frederick Howard to Miss A. W. Tolman.

DIED.—At Nashville, Tenn., Dr. John B. M'Farland.—In England, Mr. Bernard, one of the surgeons of the British Steam Sloop *Eclair*.

Number of deaths in Boston, for the week ending Nov. 15, 29.—Males 19, females 10. Stillborn, 3. Of consumption, 9—cancer, 2—croup, 2—smallpox, 1—erysipelas, 1—disease of the bowels, 1—convulsions, 1—cholera infantum, 1—typhus fever, 3—child-bed, 1—old age, 1—scarlet fever, 1—disease of the heart, 1—dropsy, 1—dropsy on the brain, 1—unknown, 1.
Under 5 years, 9—between 5 and 20 years, 4—between 20 and 60 years, 13—over 60 years, 2.

Death from Mental Emotion a Result of Workhouse Discipline.—Before his lamented death, Dr. Houston related the following case to the Dublin Pathological Society.

"It was that of a woman of peculiarly sensitive mind, of 40 years of age, a widow, and the mother of an interesting little girl. She had been the daughter of a respectable medical man, but through a succession of adverse fortunes, was at length forced to seek admission to a poorhouse. She now, for the first time, learned, that according to the strict discipline of the house, she must become separated from her child. At the instant of receiving this intelligence, she was seized with a violent palpitation, that ceased only with her life. The power to sleep seemed also to forsake her at the same moment. An universal fever seized her: she was removed to Cork street Hospital. The physicians examined her, and could find no evidence of disease, except a beating in the upper part of her neck, which they imagined to be an aneurism. At the summit of the sternum, immediately between and separating the sterno-hyoid muscles, was a manifest pulsating tumor, diastolic, visible to the eye. What the nature of this tumor was, they hesitated to decide, but as to its existence there could be no doubt.

"She was placed under some anti-hysterical treatment, and seemed to improve, when she heard that, through the kindness of some friends, admission was obtained for her daughter into a charity school. She was not in a condition to reason on the propriety of submission under such circumstances; her weakened mind could only dwell on the fact of being again separated; this second shock was fatal, and she died in a few days.

"On examination, no lesion of any organ could be detected. The arch of the aorta, that had been supposed to be the seat of an aneurism or some other tumor, was perfectly healthy, nor could anything be found to account for death.

"Dr. Houston closed by observing that this was a single case; where death seemed undoubtedly due to the operation of poorhouse discipline. How many instances of death or madness may have passed unrecorded, inflicted by a stern interference with the instincts of humanity!"—*Dublin Hospital Gazette*.

Both Kidneys on the same side of the Spinal Column.—Dr. J. REID narrates the following rare anatomical anomaly:—

"When in charge of the dissecting-rooms in Old Surgeon's Hall, Edinburgh, I found that in one of the bodies which was being dissected by the students, the kidney was wanting on the left, and that there were two kidneys on the other side. The one was placed below the other, and the lower end of the upper one, and the upper end of the under one, were fused together. The renal artery supplying the upper kidney was given off by the aorta, near its usual origin; the one supplying the lower kidney arose from the aorta, near its division into the two primitive iliacs. The ureter from the lower kidney passed across the mesial line, after entering the pelvis, so that these two tubes entered the bladder in the usual manner. The preparation is now in my collection. A case where the kidneys presented exactly the same appearance is described and figured by Dr. John Hunter, in the third volume of the 'Medical Transactions of the College of Physicians in London,' vol. iii. p. 250, 1785."—*Cormack's Monthly Jour.*